FORM PFS PERSONAL FINANCIAL STATEMENT **COVER SHEET** PAGE 1 PAGE# Filed in accordance with chapter 572 of the Government Code. 15 For filings required in 2019, covering calendar year ending December 31, 2018. ACCOUNT # Use FORM PFS--INSTRUCTION GUIDE when completing this form. 00051451 1 NAME TITLE; FIRST; MI OFFICE USE ONLY The Honorable C. Brandon **ELECTRONICALLY FILED** NICKNAME; LAST; SUFFIX 07/01/2019 Creighton 2 ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP Receipt # 2257 N Loop 336 W Ste 140-366 HD / PM Amount Conroe, TX 77304 Date Processed (CHECK IF FILER'S HOME ADDRESS) AREA CODE PHONE NUMBER; EXTENSION **TELEPHONE** Date Imaged NUMBER REASON FOR FILIING STATEMENT CANDIDATE _____ (INDICATE OFFICE) ELECTED OFFICER State Senator District 4 (INDICATE OFFICE) APPOINTED OFFICER ______ (INDICATE AGENCY) EXECUTIVE HEAD _____ (INDICATE AGENCY) FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR ______ (INDICATE PARTY) OTHER _____ (INDICATE POSITION) **5** Family members whose financial activity you are reporting (see instructions). SPOUSE _____ DEPENDENT CHILD In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME PART 1A If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD __ 2 EMPLOYMENT NAME AND ADDRESS OF EMPLOYER / POSITION HELD EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER SELF** ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE 1400 Woodloch Forest Dr. Unit 200 Spring, TX 77380 **POSITION HELD** NATURE OF OCCUPATION X SELF-EMPLOYED Attorney INFORMATION RELATES TO X FILER SPOUSE DEPENDENT CHILD **EMPLOYMENT** NAME AND ADDRESS OF EMPLOYER / POSITION HELD X EMPLOYED BY ANOTHER (Check if Filer's Home Address) **EMPLOYER** State of Texas ADDRESS / PO BOX; ZIP CODE APT / SUITE #; CITY: STATE: PO Box 2910 Austin, TX 78768-2910 POSITION HELD State Senator District 16 NATURE OF OCCUPATION SELF-EMPLOYED

STOCK PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS		Best Buy Company Inc		NAME	
2 STOCK HEL ACQUIRED		X FILER	SPOUSE	DEPENDENT CHILD)
3 NUMBER O	F SHARES	LESS THAN 100	X 100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS	ENTITY	AT0T	Ŋ	NAME	
STOCK HEL ACQUIRED		AT&T X FILER	SPOUSE	DEPENDENT CHILD)
NUMBER O	F SHARES	LESS THAN 100	X 100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS	ENTITY	Pfizer	١	NAME	
STOCK HEL ACQUIRED		FILER	SPOUSE	DEPENDENT CHILD)
NUMBER O	F SHARES	LESS THAN 100	X 100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS	ENTITY	A I I .	١	NAME	
		Anadarko			
STOCK HEI ACQUIRED		Anadarko FILER	SPOUSE	DEPENDENT CHILD)
	BY		SPOUSE 100 TO 499 10,000 OR MORE	DEPENDENT CHILE	1,000 TO 4,999
ACQUIRED	BY	TILER X LESS THAN 100	100 TO 499		

STOCK PART 2 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report. List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. **BUSINESS ENTITY** NAME Chevron Corp STOCK HELD OR FILER SPOUSE DEPENDENT CHILD **ACQUIRED BY** 3 NUMBER OF SHARES LESS THAN 100 X 100 TO 499 500 TO 999 1,000 TO 4,999 LESS THAN 10K 10,000 OR MORE 4 IF SOLD NET GAIN LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE NET LOSS

MUTUAL FUNDS PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

1 MUTU	AL FUND	Pernix Therapeutics H		NAME	
	ES OF MUTUAL FUND OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILE)
	ER OF SHARES OF AL FUND	LESS THAN 100	X 100 TO 499 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
4 IF SOL	LD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
MUTU	AL FUND	Invesco Global Core E		NAME	
	ES OF MUTUAL FUND OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD)
	ER OF SHARES OF AL FUND	LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999
		5,000 to 9,999	10,000 OR MORE		
IF SOL	D NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
MUTU.	AL FUND	Invesco Van Kempen		NAME	
SHARI	AL FUND ES OF MUTUAL FUND OR ACQUIRED BY	Invesco Van Kempen		NAME DEPENDENT CHILE)
SHARI HELD NUMB	ES OF MUTUAL FUND	X FILER LESS THAN 100	Comstock Fund SPOUSE X 100 TO 499		1,000 TO 4,999
SHARI HELD NUMB	ES OF MUTUAL FUND OR ACQUIRED BY ER OF SHARES OF	X FILER	Comstock Fund SPOUSE	DEPENDENT CHILD	
SHARI HELD NUMB	ES OF MUTUAL FUND OR ACQUIRED BY ER OF SHARES OF AL FUND	X FILER LESS THAN 100	Comstock Fund SPOUSE X 100 TO 499	DEPENDENT CHILD	
SHARI HELD NUMB MUTU	ES OF MUTUAL FUND OR ACQUIRED BY ER OF SHARES OF AL FUND D NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999	Comstock Fund SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999
SHARI HELD NUMB MUTU	ES OF MUTUAL FUND OR ACQUIRED BY ER OF SHARES OF AL FUND D NET GAIN NET LOSS AL FUND	X FILER LESS THAN 100 5,000 to 9,999	Comstock Fund SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	1,000 TO 4,999
SHARI HELD NUMB MUTU	ES OF MUTUAL FUND OR ACQUIRED BY ER OF SHARES OF AL FUND D NET GAIN NET LOSS	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	Comstock Fund SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
SHARI HELD NUMB MUTU. IF SOL MUTU. SHARI HELD	ES OF MUTUAL FUND OR ACQUIRED BY ER OF SHARES OF AL FUND D NET GAIN NET LOSS AL FUND ES OF MUTUAL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Capital Income Builder	Comstock Fund SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
SHARI HELD NUMB MUTU. IF SOL MUTU. SHARI HELD	ES OF MUTUAL FUND OR ACQUIRED BY ER OF SHARES OF AL FUND INET GAIN INET LOSS AL FUND ES OF MUTUAL FUND OR ACQUIRED BY ER OF SHARES OF	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Capital Income Builder FILER	Comstock Fund ☐ SPOUSE X 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 Fund ☐ SPOUSE	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE
SHARI HELD NUMB MUTU. IF SOL MUTU. SHARI HELD	ES OF MUTUAL FUND OR ACQUIRED BY ER OF SHARES OF AL FUND INET GAIN NET LOSS AL FUND ES OF MUTUAL FUND OR ACQUIRED BY ER OF SHARES OF AL FUND	X FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Capital Income Builder FILER LESS THAN 100	Comstock Fund SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 Fund SPOUSE X 100 TO 499	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

MUTUAL FUNDS PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

1	MUTUAL FUND	Capital World Growth	N Mark Income Fund Class A	NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 5,000 to 9,999	100 TO 499 10,000 OR MORE	X 500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Capital World Growth	۱ & Income Fund Class B	NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD)
	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 5,000 to 9,999	X 100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
F	MUTUAL FUND			LANGE	
	MUTUAL FUND	Growth Fund of Americ		NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Growth Fund of Americ		DEPENDENT CHILD)
	SHARES OF MUTUAL FUND		ca Class B		1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	FILER LESS THAN 100	Ca Class B SPOUSE X 100 TO 499	DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN	FILER LESS THAN 100 5,000 to 9,999	Ca Class B SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000	Ca Class B SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Invesco Mid Cap Grow	Ca Class B SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	FILER LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Invesco Mid Cap Grow FILER LESS THAN 100	xth Fund Class A SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

MUTUAL FUNDS PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

1	MUTUAL FUND	Invesco Value Opporti		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD)
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	X 500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Fundamental Investors		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD	
	NUMBER OF SHARES OF MUTUAL FUND	X LESS THAN 100 5,000 to 9,999	100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND			JAME	
	MUTUAL FUND	New World Fund Class		NAME	
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	New World Fund Class		NAME DEPENDENT CHILD)
	SHARES OF MUTUAL FUND		S A		1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	FILER X LESS THAN 100	S A SPOUSE 100 TO 499	DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN	☐ FILER X LESS THAN 100 ☐ 5,000 to 9,999 ☐ LESS THAN \$5,000	S A SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	☐ FILER X LESS THAN 100 ☐ 5,000 to 9,999 ☐ LESS THAN \$5,000	S A SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	FILER X LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Capital World Growth	S A SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	FILER X LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Capital World Growth FILER X LESS THAN 100	S A SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 Name of the second content of	DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999 NAME X DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

MUTUAL FUNDS PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more nformation, see FORM PFS-INSTRUCTION GUIDE.

1	MUTUAL FUND	Growth Fund of Ameri		NAME	
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	X DEPENDENT CHILD	1
3	NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 5,000 to 9,999	X 100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
4	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	MUTUAL FUND	Growth Fund of Americ		NAME	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD)
	NUMBER OF SHARES OF MUTUAL FUND	X LESS THAN 100 5,000 to 9,999	100 TO 499 10,000 OR MORE	500 TO 999	1,000 TO 4,999
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
ь					
F	MUTUAL FUND		١	NAME	
	MUTUAL FUND	Capital World Growth	l Income Fund Class A		
	MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Capital World Growth) 2
	SHARES OF MUTUAL FUND		& Income Fund Class A		1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	FILER X LESS THAN 100	& Income Fund Class A SPOUSE 100 TO 499	X DEPENDENT CHILD	
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN	☐ FILER X LESS THAN 100 ☐ 5,000 to 9,999		X DEPENDENT CHILD	1,000 TO 4,999
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	FILER X LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000		X DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	FILER X LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Growth Fund of America	SPOUSE SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	X DEPENDENT CHILD 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES OF	FILER X LESS THAN 100 5,000 to 9,999 LESS THAN \$5,000 Growth Fund of American FILER LESS THAN 100 LESS THAN 100 Control Contro	SPOUSE SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	X DEPENDENT CHILD	1,000 TO 4,999 \$25,000OR MORE

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

1	PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Capital Farm Credit			
2	LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILI)
3	GUARANTOR	Creighton, C. Brando	on		
4	AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
	PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Mr. Cooper Mortgage	e Company		
	LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILI	D
	GUARANTOR	Creighton, C. Brando	on		
	AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
	PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Mr. Cooper Mortgage	e Company		
	LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHILI	D
	GUARANTOR	NONE			
	GUARANTOR	NONE \$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
		_	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
		_	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
_		_	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
		_	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

1 HELD OR ACQUIRED BY	X FILER SPOUSE DEPENDENT CHILD
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1407 Bowsprit Willis, TX 77318
3 DESCRIPTION X LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Montgomery
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Creighton, Brandon
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000OR MORE
HELD OR ACQUIRED BY	X FILER SPOUSE DEPENDENT CHILD
HELD OR ACQUIRED BY STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 10068 FM 1372 North Zulch, TX 77872
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 10068 FM 1372
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 10068 FM 1372 North Zulch, TX 77872 NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 600.00000 acres
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 10068 FM 1372 North Zulch, TX 77872 NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 600.00000 acres Madison

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under

which the child is listed on the Co	over Sheet.	my, maicate the erilla about t	whom you are reporting by providing the number under
1 HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	909 Semands Conroe, TX 77301	STREET ADDRESS, INCLU	DING CITY, COUNTY, AND STATE
3 DESCRIPTION X LOTS ACRES	NUMBE 1.00000 lots Montgomery	ER OF LOTS OR ACRES AN	ND NAME OF COUNTY WHERE LOCATED
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Creighton, C. Brand	don	
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,0	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

	When reporting information about which the child is listed on the Co	t a dependent child's activity, indicate over Sheet.	e the child about who	m you are reporting by pro	viding the number under
1	HELD OR ACQUIRED BY	X FILER S	POUSE	DEPENDENT CHILD	
2	DESCRIPTION	Texas JIB 3030 LBJ Freeway Suite 700 Dallas, TX 75234	(Check if File	O ADDRESS vr's Home Address)	
3	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000 \$	5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
	HELD OR ACQUIRED BY	X FILER S	POUSE	DEPENDENT CHILD	
	DESCRIPTION	Creighton Realty Partners 11133 N Fwy Service Rd #320 Conroe, TX 77302		O ADDRESS or's Home Address)	
	IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000 \$	5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which

	the child is listed on the Cover S	heet.		ion you are reporting by promaing are manifest arrest minor
1	ORGANIZATION	The Signorelli Company		
2	POSITION HELD	General Counsel		
3	POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. If you place a check in a box, do NOT include pages for that Part in the report.

6	PAR	TS NOT APPLICABLE TO FILER
		N/A Part 1A - Sources of Occupational Income
	Χ	N/A Part 1B - Retainers
		N/A Part 2 - Stock
	Χ	N/A Part 3 - Bonds, Notes & Other Commercial Paper
		N/A Part 4 - Mutual Funds
	X	N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
		N/A Part 6 - Personal Notes and Lease Agreements
		N/A Part 7A - Interests in Real Property
		N/A Part 7B - Interests in Business Entities
	X	N/A Part 8 - Gifts
	X	N/A Part 9 - Trust Income
	X	N/A Part 10A - Blind Trusts
	X	N/A Part 10B - Trustee Statement
	Χ	N/A Part 11A - Business Associations
	X	N/A Part 11B - Assets of Business Associations
	Χ	N/A Part 11C - Liabilities of Business Associations
		N/A Part 12 - Boards and Executive Positions
	Χ	N/A Part 13 - Expenses Accepted Under Honorarium Exception
	Χ	N/A Part 14 - Interest in Business in Common with Lobbyist
	Χ	N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
	Χ	N/A Part 16 - Representation by Legislator Before State Agency
	X	N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
	Χ	N/A Part 18 - Legislative Continuances
	Χ	N/A Part 19 - Contracts with Governmental Entity
	Χ	N/A Part 20 - Bond Counsel Services Provided by a Legislator

the law requires the personal financial statement to be verified the verification page on a personal statement filed electronical dividual required to file the personal financial statement.	d. Without proper verification, the state	ment is not considered filed	
dividual required to file the personal financial statement.			l.
	lly with the Texas Ethics Commission	must have the electronic sig	nature of the
he verification page on a personal financial statement filed wi the individual required to file the personal financial statemen erson authorized by law to administer oaths and affirmations.	it as wells as the signature and stamp	thics Commission must hav or seal of office of a notary	e the signature public or other
	I swear, or affirm, under penalty o covers calendar year ending Dece and includes all information requir 572 of the Government Code.	ember 31, 2018 , and is true	and correct
	The Honorable	C. Brandon Creighton	
	Sigr	nature of Filer	
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said		this the	day
of, 20, to certify which, witn			aay
Signature of officer administering oath Printed na	me of officer administering oath	Title of officer admin	istering oath